



## DECLARATION

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **DIAGNOSTICS AND THERAPEUTICS FOR ARTERIAL WALL DISRUPTIVE DISORDERS** the specification of which \_\_\_\_\_ is attached hereto or  was filed on February 22, 2000 as Application No. 09/511,008 and was amended on \_\_\_\_\_ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

### Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

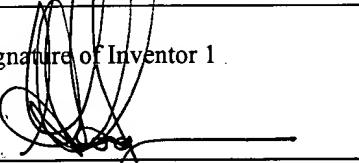
Application No.	Filing Date
60/120,822	02/19/99
60/120,668	02/19/99
60/123,052	03/05/99

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date of Filing	Status

Full Name of Inventor 1:	Last Name: <b>HAGEMAN</b>	First Name: <b>GREGORY</b>	Middle Name or Initial: <b>S.</b>
Residence & Citizenship:	City: <b>Coralville</b>	State/Foreign Country: <b>Iowa</b>	Country of Citizenship: <b>United States</b>
Post Office Address:	Post Office Address: <b>500 Auburn Hills Drive</b>	City: <b>Coralville</b>	State/Country: <b>Iowa</b> Postal Code: <b>52241</b>

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1

Gregory S. Hageman
Date 6/23/00

PA 3076204 v1



Attorney Docket No. 20618-000600US  
Client Ref. No.: N9-59

### POWER OF ATTORNEY BY ASSIGNEE

**University of Iowa Research Foundation** is the Assignee of the invention entitled: **Diagnostics and Therapeutics for Arterial Wall Disruptive Disorders**, the specification of which \_\_\_\_\_ is attached hereto or X was filed on February 22, 2000 as Application Serial No. **09/511,008**.

Assignee hereby appoints the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Randolph T. Apple, Reg. No. 36,429  
Karen B. Dow, Reg. No. 29,684  
Jeffrey A. McKinney, Reg. No. 43,795  
Rosemarie L. Celli, Reg. No. 42,397  
Andrew T. Serafini, Reg. No. 41,303  
Joe Liebeschuetz, Reg. No. 37,505  
William M. Smith, Reg. No. 30,223  
Hugh Wang, Reg. No. P- 47,163

Send Correspondence to:	Direct Telephone Calls to: (Name, reg. no., tele. no.)
Karen B. Dow TOWNSEND and TOWNSEND and CREW LLP Two Embarcadero Center, 8 <sup>th</sup> Floor San Francisco, CA 94111-3834	Karen B. Dow Reg. No.: 29,684 (650) 326-2400

### UNIVERSITY OF IOWA RESEARCH FOUNDATION

Date: 6/14/00

By: W. Bruce Wheaton  
(Signature)

Name: W. Bruce Wheaton

Title: Executive Director



Attorney Docket No. 20618-000600US

Client Ref. No. N9-59

CERTIFICATE UNDER 37 C.F.R. § 3.73(b)

Applicant: Gregory S. Hageman

Application No.: 09/511,008

Filed: February 22, 2000

For: Diagnostics and Therapeutics for Arterial Wall Disruptive Disorders

University of Iowa Research Foundation, an Iowa corporation

(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

certifies that it is assignee of the patent application identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application identified above. The assignment was recorded in the Patent and Trademark Office at Reel \_\_\_\_\_, Frame(s) \_\_\_\_\_, or for which a copy thereof is attached.

OR

B.  A chain of title from the inventor(s), of the patent application identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

Copies of assignments or other documents in the chain of title are attached.

The undersigned (whose title is supplied below) is empowered to act on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Date: W Bruce Wheaton 6/14/00

Name: W. Bruce Wheaton

Title: Executive Director

Signature: W Bruce Wheaton

**ASSIGNMENT OF PATENT APPLICATION**

**SOLE**

WHEREAS, Gregory S. Hageman, of 500 Auburn Hills Drive, Coralville, Iowa 52241, hereinafter referred to as "Assignor," is the inventor of the invention described and set forth in the below-identified application for United States Letters Patent:

Title of Invention: Diagnostics and Therapeutics for  
Arterial Wall Disruptive Disorders

Filing Date: February 22, 2000

Application No.: 09/511,008; and

WHEREAS, UNIVERSITY OF IOWA RESEARCH FOUNDATION, a corporation of Iowa, located at 214 Technology Innovation Center, Oakdale Research Campus, Iowa City, Iowa 52319, hereinafter referred to as "Assignee," is desirous of acquiring an interest in the invention and application and in any U.S. Letters Patent and Registrations which may be granted on the same;

For good and valuable consideration, receipt of which is hereby acknowledged by Assignor, Assignor has assigned, and by these presents does assign to Assignee all right, title and interest in and to the invention and application and to all foreign counterparts (including patent, utility model and industrial designs), and in and to any Letters Patent and Registrations which may hereafter be granted on any patent application claiming priority from the same in the United States and all countries throughout the world, and to claim the priority from the application as provided by the Paris Convention. The right, title and interest is to be held and enjoyed by Assignee and Assignee's successors and assigns as fully and exclusively as it would have been held and enjoyed by Assignor had this Assignment not been made, for the full term of any Letters Patent and Registrations which may be granted thereon, or of any division, renewal, continuation in whole or in part, substitution, conversion, reissue, prolongation or extension thereof.

Assignor further agrees that Assignor will, without charge to Assignee, but at Assignee's expense, (a) cooperate with Assignee in the prosecution of U.S. Patent applications and foreign counterparts on the invention and any improvements, (b) execute, verify, acknowledge and deliver all such further papers, including applications and instruments of transfer, and (c) perform such other acts as Assignee lawfully may request to obtain or maintain Letters Patent and Registrations for the invention and improvements in any and all countries, and to vest title thereto in Assignee, or Assignee's successors and assigns.

Assignor hereby authorizes and requests Townsend and Townsend and Crew LLP, Two Embarcadero Center, 8<sup>th</sup> Floor, San Francisco, CA 94111-3834, to insert herein above the application number and filing date of said application when known.

IN TESTIMONY WHEREOF, Assignor has signed his/her name on the date indicated.

Dated: 6/23/00

PA 3076199 v1

Gregory S. Hageman



115

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(d)) - NONPROFIT ORGANIZATION**

Applicant or Patentee:

Gregory S. Hagerman

Application or Patent No.:

09/511,008

Filed or Issued:

February 22, 2000

Title:

Diagnostics and Therapeutics for Arterial Wall Disruptive Disorders

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name of Nonprofit Organization:

UNIVERSITY OF IOWA RESEARCH FOUNDATION

Address of Nonprofit Organization:

214 Technology Innovation Center

Oakdale Research Center, Iowa City, Iowa 52319

Type of Nonprofit Organization:

University or other institution of higher education.  
 Tax exempt under Internal Revenue Service Code [26 USC 501(a) and 501(c)(3)].  
 Nonprofit scientific or educational under statute of state or the United States of America  
(Name of State: Iowa)  
(Citation of statute: 504A).  
 Would qualify as tax exempt under Internal Revenue Service Code [26 USC 501(a) and 501(c)(3)] if located in the United States of America.  
 Would qualify as nonprofit scientific or educational under statute of state of the United States of America if located in the United States of America  
(Name of State \_\_\_\_\_)  
(Citation of statute \_\_\_\_\_).

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention, entitled Diagnostics and Therapeutics for Macular Degeneration by inventor(s) described in:

the specification filed herewith;  
 Application No. 09/511,008, filed February 22, 2000;  
 Patent No. \_\_\_\_\_, issued \_\_\_\_\_.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights in the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern that would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Individual       Small Business Concern       Nonprofit Organization

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Individual       Small Business Concern       Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person Signing:

**W. Bruce Wheaton**

Title in Organization of Person Signing:

**Executive Director**

Address of Person Signing:

University of Iowa Research Foundation, Oakdale Research Campus

214 Technology Innovation Center, Iowa City, Iowa 52319

Signature

Date